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THESIS

**TRANSGENDERS IN THE U.S. MILITARY:
POLICIES, PROBLEMS, AND PROSPECTS**

by

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March 2014

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**TRANSGENDERS IN THE U.S. MILITARY:
POLICIES, PROBLEMS, AND PROSPECTS**

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Submitted in partial fulfillment of the
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ABSTRACT

This study explores the policies, problems, and prospects related to transgenders serving in the U.S. military. Simply defined, “transgender” refers to persons whose gender identity, behavior, or expression does not conform to their sex assigned at birth. Yet, as the present study shows, the terminology and associated issues are complicated and defy simple definitions. The U.S. military currently prohibits transgenders from joining or serving openly, as seen in policies and medical standards identified by the study. A number of other nations do not prohibit transgenders from serving in their military. The study focuses on the practices of two such nations, Australia and Canada. Also examined is the trend toward changing medical classifications of transgender, resulting from revised perspectives by the world’s most authoritative sources. Notably, these sources have shifted away from classifying gender incongruence as a disorder or placing it in a mental health category. The study concludes that medical reasons for excluding transgenders from the U.S. military are inconsistent with prevailing views. Several areas for further research are recommended.

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LIST OF ACRONYMS AND ABBREVIATIONS

ADA	Americans with Disabilities Act of 1990
ADF	Australian Defence Force
CF	Canadian Forces
CF MIL PERS INSTR	Canadian Forces Military Personnel Instruction
CMP	Chief Military Personnel
CO	Commanding Officers
CPT	current procedural terminology
CSRA	Civil Service Reform Act of 1978
DADT	Don't Ask, Don't Tell
DOD	Department of Defense
DSM	Diagnostic and Statistical Manual of Mental Disorders
EEOC	Equal Employment Opportunity Commission
ENDA	Employment Non-Discrimination Act
FtM	female-to-male
GD	gender dysphoria
GID	gender identity disorder
GIDC	gender identity disorder of childhood
GINA	Genetic Information Non-discrimination Act
GLAAD	Gay and Lesbian Alliance Against Defamation
HCPCS	Healthcare Common Procedure Coding System
HRC	Human Rights Campaign
ICD	International Classification of Diseases
ICD-9	International Classification of Diseases, Ninth Revision
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases, Tenth Revision
LGB	lesbian, gay, bisexual
LGBT	lesbian, gay, bisexual, transgender
MHRRP	Military Human Resources Records Procedures
MtF	male-to-female
NCHS	National Center for Health Statistics

OSD	Office of the Secretary of Defense
ROTC	Reserve Officer Training Corps
SOC	standards of care
SRS	sex reassignment surgery
TDRL	temporary disability retired list
UCMJ	Uniform Code of Justice
VA	Veterans Affairs
VHA	Veterans Health Administration
WGSDSH	Working Group on the Classification of Sexual Disorders and Sexual Health
WHO	World Health Organization
WPATH	World Professional Association for Transgender Health

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I. INTRODUCTION

The repeal of Don't Ask, Don't Tell offered legal equality to sexual minorities in the military. However, this big step forward had no impact on the policy of exclusion and rejection and the fear and secrecy that resulted for transgender people (whether lesbian, gay, bisexual, or heterosexual).

—Adam F. Yerke and Valory Mitchell,
Transgender people in the military: Don't ask? Don't tell? Don't enlist!

The decision to remove “Don't Ask, Don't Tell” (DADT) in September 2011 had no direct impact on policies regarding transgender people who currently serve or who may desire to serve in the U.S. military (Yerke & Mitchell, 2013). DADT did not address the transgender community as such (Yerke & Mitchell, 2013; Kerrigan, 2012). Indeed, transgenders are still denied entry into the U.S. military if identified or if they openly admit to being transgender or transsexual (Yerke & Mitchell, 2013; Harrison-Quintana & Herman, 2013; Witten, 2007). Moreover, as with gays and lesbians under DADT, transgenders currently serving in the U.S. military are unable to do so openly without fear of being discharged from service (Yerke & Mitchell, 2013; Witten, 2007).

Transgender is described as a complex internal struggle of gender identity (Byne et al., 2012; Drescher, Cohen-Kettenis, & Winter, 2012). The gender with which an individual identifies is different from the sex assigned at birth. The complexities of transgender are also echoed in the medical and psychiatric community relating to classification and treatment and in the terminology used to represent the many identities that exist under the gender-identity term, transgender.

The evolution of the classification of transgender in the World Health Organization's (WHO's) “International Classification of Diseases,” and in the American Psychiatric Association's “Diagnostic and Statistical Manual of Mental Disorders” (DSM), has resulted in changes of the diagnostic category and classification of transgender (Drescher et al., 2012). Pressures for changing the mental-disorder classification by mental health professionals, the European Union, the Council of Europe Commissioner for Human Rights, and various transgender advocacy groups have forced a

shift in how civilian society as a whole views the transgender community and may have a similar effect on policies and practices in the U.S. military (Drescher et al., 2012).

For the purpose of this research, unless otherwise stated, “transgender” refers generally to all “individuals with cross-gender identification whether or not hormonal or surgical treatments have been, or are planned to be, employed in transitioning gender” (Byne et al., 2012, p. 3). A more detailed definition of the term is presented in Chapter II.

A. STATEMENT OF THE PROBLEM

According to the Palm Center’s *Report of the Transgender Military Service Commission*, there are an estimated “700,000 transgender Americans, representing about .2% of the public” (Elders, Steinman, Brown, Coleman, & Kolditz, 2014, p. 5). In the U.S. military, it is estimated that 15,450 transgenders are serving at present; this includes roughly 8,800 active-duty personnel and 6,650 members of the National Guard and other reserve components (Elders et al., 2014). There are also an estimated 134,350 transgender veterans (Elders et al., 2014). The numbers indicate that transgender Americans are three times more likely to serve in the U.S. military than are non-transgender Americans (Elders et al., 2014). So, why are transgender people currently prohibited from serving openly, without the fear of disclosure and discharge, in America’s All-Volunteer Force?

Over the course of U.S. military history, various groups of people, such as blacks, women, and homosexuals, have been denied fair and equal treatment because of *what* they are, not *who* they are. Being a citizen and being otherwise qualified to serve meant little in the face of prejudice and the prevailing ignorance of the times. The difficult lessons of the nation’s past demonstrate clearly why exclusionary policies contradict the most-revered and recognized declaration of American government, that all persons should be treated as essentially equal.

B. NEED FOR STUDY

Limited scholarly research exists on transgender military service (Elders et al., 2014; Harrison-Quintana & Herman, 2013). This study relies heavily on five key works: Kerrigan (2012), “Transgender Discrimination in the Military: The New Don’t Ask,

Don't Tell"; Yerke and Mitchell (2013), "Transgender People in the Military: Don't Ask? Don't Tell? Don't Enlist!"; Harrison-Quintana and Herman (2013), "Still Serving in Silence"; Bryant and Schilt (2008), "Transgender People in the U.S. Military: Summary and Analysis of the 2008 Transgender American Veterans Association Survey"; and Witten (2007), "Gender Identity and the Military: Transgender, Transsexual, and Intersex-identified Individuals in the U.S. Armed Forces." These studies address various aspects of transgender military service, including military policies, statutes, and cases; discrimination; healthcare; demographics; foreign militaries' inclusion of transgenders; and the propensity of transgenders to seek out military service.

These particular studies do not address the history and evolution of the medical classification of transgender. Further, they do not explain the origins of the medical classifications that the U.S. military uses in its Department of Defense (DOD) directive. Currently, the medical classification used by the U.S. military excludes transgenders from serving. Given that over 15,000 transgenders are thought to be serving in the U.S. military (Elders et al., 2014), one cannot help but wonder about the objectives or effectiveness of such classifications. This research is discussed in Chapter III.

C. PURPOSE OF THIS STUDY

The present study attempts to accomplish the following: clarify understanding of transgender and terminology associated with it; understand the medical policies and directives that prohibit transgender persons from serving openly in the U.S. military; highlight issues relating to the ability of transgender persons to participate equally and effectively in the U.S. military; and review current policies in Australia and Canada that allow transgenders to serve in the military.

D. SIGNIFICANCE

The present study is exploratory and seeks to inform future research by examining current U.S. military directives and policies, along with medical diagnostic classifications, from a historical, defense-oriented perspective. It is thus hoped that this study will improve current understanding of the origins of this complex issue. Often, in discussions related to transgenders, the terms "gender" and "sex" are used

interchangeably or without drawing important distinctions. This study seeks to clarify terminology—such as sex, gender, sexual orientation, and gender identity—as well as other expressions associated with being transgender, several of which are considered derogatory or insulting within the transgender community. Finally, this study hopes to provide a foundation for continued research related to transgenders in the U.S. military.

E. SCOPE

The present study examines the following: (1) current U.S. military directives and medical policies, (2) transgender policies and practices in the Australian Defense Force (ADF) and Canadian Forces (CF), (3) the evolution of category diagnoses of transsexualism (transgenderism), and (4) use of transgender as an umbrella term and its historical context.

F. RESEARCH QUESTIONS

A number research questions were posed at the start of the study. These questions are as follows.

- What are the directives and medical policies that exclude transgenders from serving in the U.S. military?
- What does the term transgender mean? What is gender identity disorder?
- What diagnostic classifications are on the horizon from the WHO and the American Psychiatric Association in defining transgender?
- How, and to what extent, did the repeal of DADT affect the transgender community?
- What expressions, language, and concepts are associated with the term transgender?

G. METHODS

As often happens in a graduate class, controversial subjects arise. The subject, “transgenders in the military,” was brought up by an Australian officer-student in a graduate seminar on the history and repeal of DADT. As it turned out, Australia had allowed homosexuals to serve openly in the ADF nearly two decades before the United States removed its restrictions. At the same time, Australia permits transgenders to serve openly in the ADF. The discussion resulted in two questions: “How is it possible for

Australia, one of America's closest allies, to allow military service by transgenders—and will it take the United States another two decades or more to catch up to the ADF in opening opportunities for transgenders?" An even better question is, "Why are transgenders restricted from serving openly in the U.S. military?" This latter question inspired even more questions:

- Why were transgenders not included when gays and lesbians were allowed to serve openly, following the repeal of DADT?
- What current U.S. military policies prevent transgenders from joining or serving openly?
- What might possibly influence DOD to change its policies excluding transgenders?
- What *is* transgender? What does that term mean?
- How do the militaries of other countries treat transgenders? Is the ADF a rare example of inclusion among U.S. allies?

The methodology used for this study is qualitative and required a literature search of mainstream articles, books, journal articles, scholarly papers, research reports, reference lists, bibliographies, websites, government documents, and other information resources relating to transgenders generally and, more specifically, the treatment of transgenders by U.S. and foreign militaries. A broad net was cast to locate published and unpublished documents. Relevant research was suggested and forwarded by lesbian, gay, bisexual and transgender (LGBT) advocacy organizations, such as the Palm Center, California, and Washington, DC, offices, Sacramento Valley Veterans, and Delaney & Robb: Attorneys at Law. Research conducted by students at the U.S. Army War College, U.S. Army Command and General Staff College, Air Command and Staff College, and NPS was reviewed to provide a "military" perspective.

Although the study attempted to review and integrate a wide variety of materials, it bears repeating that previous research seems quite limited on the subject of transgenders in the military. More published resources are appearing in the aftermath of DADT's repeal, as advocacy groups train their sights on all members of the LGBT population. This is both positive and negative from the perspective of the present study. On the one hand, it raises the importance of this work as a potential resource of its own and guide for future researchers. On the other hand, it tends to limit the present study in

both its breadth and depth. For example, the present study does not address issues associated with the attitudes or opinions of service members on the topic or of the greater national population. Nor is there much research available, aside from anecdotal evidence, on the experiences of transgenders in the contemporary military. One can expect to see more resources on these topics in the future.

H. ORGANIZATION OF THE STUDY

Chapter II, “Literature Review,” discusses gender versus sex, the historical and current context of transgender, the umbrella term transgender, the evolution of transgender medical classification and research themes, and findings in the scientific literature.

Chapter III, “U.S. Military Policies and Medical Restrictions,” looks at the history and trends of U.S. military policies and medical restrictions, military and civilian employment, medical standards, and the ICD.

Chapter IV, “Comparative Perspectives: Australia, Canada, International Organizations,” examines the ADF and the CF policies that allow transgenders to serve openly. Also discussed are the reclassification of gender identity disorder by the WHO and the American Psychiatric Association.

Chapter V, “Summary, Conclusions, and Recommendations,” summarizes the research, presents conclusions, and discusses recommendations for future research.

II. LITERATURE REVIEW

Transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth.

—American Psychological Association

The above quotation from the American Psychological Association (2011b) defines transgender in a simple way, as one would expect to find in a popular dictionary. Yet, to gain a better understanding of the complex nature of the topic, one must appreciate the differences among gender, sex, sexual identity, and the use of transgender as an umbrella term. This chapter provides definitions of these terms along with a discussion of the historical evolution of the transgender phenomena and the shifts of its classification in the medical community. A basic understanding of the terminology is meant to provide clarity about what a transgender person is and is not. This discussion also addresses the inconsistencies that occur within the transgender community concerning self-identification and gender expression.

A. DEFINING GENDER, SEX, AND SEXUAL IDENTITY

A better understanding of the term, transgender, requires clarity about differences among the terms sex, gender, and sexual identity. Clearly, as Stryker (2008) writes, “gender is not the same as sex” (p. 11). The terms sex and gender, more often than not, are conflated or confused and used interchangeably, even in technical and scholarly literature (Stryker, 2008). The WHO (WHO, n.d.a.) refers to sex as “the biological and physiological characteristics that define men and women” (para. 2). American Psychological Association (2011a) defines sex as follows: “a person’s biological status and is typically categorized as male, female, intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia” (p. 1). Simply put, sex or biological sex is determined at birth with the visual identification of male or female genitalia (Shively & De Cecco, 2010, p. 41). While the term, sex, refers to physical manifestations, gender is defined as “the socially

constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women” (WHO, n.d.a, para. 3). For example, on average, women are expected to be caregivers in a family, taking on the responsibility of the household, while men are expected to work outside of the household and provide financial support. Although such views may have shifted over time and within different societies, they are examples of typically accepted male and female roles constructed by society.

According to Shively and DeCecco (2010), the four components of sexual identity include biological sex, gender identity, social sex-role, and sexual orientation. Shively and De Cecco (2010) and the American Psychological Association (2011a) both define gender identity as how individuals view themselves, either male, female, or transgender. Both agree that gender identity is distinct from biological sex. Gender identity is the “individual’s basic conviction of being male or female” (Shively & De Cecco, 2010, p. 41). As the American Psychological Association (2011a) observes, when gender identity and biological sex are not in agreement, the “individual may identify as transsexual or another transgender category” (para. 3). Shively and De Cecco (2010) also note that gender and gender identity are not the same. Gender is synonymous to the term, social sex-role. Social sex-role refers to the socially accepted characteristics and behaviors of men and women (Shively & De Cecco, 2010). Sexual orientation refers to an individual’s sexual or physical attraction to another person (Shively & De Cecco, 2010; American Psychological Association, 2011a). It is important to be cognizant of how terminology is used to depict a biological absolute, an individual’s identity preference, a societal view, or physical attraction, and to understand that all of these components establish an individual’s sexual identity.

B. UMBRELLA TERM: THE “T” IN LGBT

Some butch women or queeny men will say that they are not transgender because they do not want to change sex. Some transsexuals will say that they are not transgender because they do. There is no way of using the word that doesn’t offend some people by including them where they don’t want to be included or excluding them from where they do want to be included. And yet, I still think the term is useful as a simple word for

indicating when some practice or identity crosses gender boundaries that are considered socially normative in the contemporary United States. (Stryker, 2008, p. 24)

The “T” in LGBT (lesbian, gay, bisexual, and transgender) stands for transgender. According to American Psychological Association (2011b), the term transgender is an umbrella term for individuals whose “gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth” (p. 1).

As the American Psychological Association (2011b) states:

While transgender is generally a good term use, not everyone whose appearance or behavior is gender-nonconforming will identify as a transgender person. The ways that transgender people are talked about in popular culture, academia and science are constantly changing, particularly as individuals’ awareness, knowledge and openness about transgender people and their experiences grow. (p. 1)

Under the umbrella term, transgender, many different identities exist (American Psychological Association, 2011b). Within the transgender community, these identities are used based on individuals’ preference and how they view themselves (GLAAD, n.d., para. 1). Some commonly used terms associated with the various identities within the transgender community are as follows.

1. Transgender

GLAAD (n.d.) defines transgender as:

an umbrella term (adj.) for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to transsexuals, cross-dressers and other gender-variant people. Transgender people may identify as female-to-male (FtM) or male-to-female (MtF). Use the descriptive term (*transgender*, *transsexual*, *cross-dresser*, FtM or MtF) preferred by the individual. Transgender people may or may not decide to alter their bodies hormonally and/or surgically. (para. 1)

The American Psychiatric Association’s Task Force on Treatment of Gender Identity Disorder defines transgender as “individuals with cross-gender identification

whether or not hormonal or surgical treatments have been, or are planned to be, employed in transitioning gender” (Byne et al., 2012, p. 3).

2. Transsexual (Also Transsexual)

GLAAD (n.d.) defines transsexual as “an older term which originated in the medical and psychological communities. While some transsexual people still prefer to use the term to describe themselves, many transgender people prefer the term transgender to *transsexual*. Unlike *transgender*, *transsexual* is not an umbrella term, as many transgender people do not identify as transsexual. It is best to ask which term an individual prefers” (para. 2).

The American Psychiatric Association’s Task Force on Treatment of Gender Identity Disorder, regarding the terms transsexual and transsexualism, “refer[s] to adults who meet diagnostic criteria for [gender identity disorder] GID and have employed hormonal and/or surgical treatments in the process of transitioning gender or who plan to do so” (Byne et al., 2012, p. 3).

3. Transsexual (Male-to-Female)

The Department of Veterans Affairs (VA) (2013) defines male-to-female (MtF) transsexuals as “a subset of transgender individuals who are male sex at birth but self-identify as female and often take steps to socially or medically transition to female, including feminizing hormone therapy, electrolysis, and surgeries (e.g., vaginoplasty, breast augmentation)” (p. 1).

4. Transsexual (Female-to-Male)

The VA (2013) defines female-to-male (FtM) transsexuals as “a subset of transgender individuals who are female sex at birth but self-identify as male and often take steps to socially or medically transition to male, including masculinizing hormone therapy and surgeries (e.g., phalloplasty, mastectomy)” (p. 2).

5. Transvestite

According to GLAAD (n.d.), transvestite is a derogatory term, which has been replaced by *cross-dressing* (para. 3).

Stryker (2008) observes that the term is an old word, coined in 1910 by the German sexologist, Magnus Hirschfeld. Hirschfeld used it to describe the “erotic urge for disguise,” which is how he understood the motivation that led some people to wear clothing generally associated with a social gender other than the one assigned to them at birth (p. 17).

6. Cross-Dresser

GLAAD (n.d.) defines as an individual who:

occasionally wear[s] clothes traditionally associated with people of the other sex. Cross-dressers are usually comfortable with the sex they were assigned at birth and do not wish to change it. ‘Cross-dresser’ should NOT be used to describe someone who has transitioned to live full-time as the other sex or who intends to do so in the future. Cross-dressing is a form of gender expression and is not necessarily tied to erotic activity. Cross-dressing is not indicative of sexual orientation.”(para. 6).

The National Transgender Discrimination Survey states that it is a term for people who dress in clothing not typically worn by their assigned birth sex, but who generally do not desire to live full-time as the other gender (Grant et al., 2011, p. 180).

7. Drag Queens

The American Psychological Association (2011b) defines drag queens as “men who dress as women for the purpose of entertaining others at bars, clubs, or other events. The term, drag kings, refers to women who dress as men for the purpose of entertaining others at bars, clubs, or other events” (p. 2).

The National Transgender Discrimination Survey states that drag queen is:

generally used to refer to men who occasionally dress as women for personal satisfaction or for the purpose of entertaining others at bars, clubs or other venues. It is also used incorrectly, sometimes in a derogatory manner, to refer to all transgender women. Drag king is used to refer to women who occasionally dress as men or express female masculinity for

personal satisfaction or for the purpose of entertaining others at bars, clubs, or other venues. Some transgender men also use this term to describe their identity. (Grant et al., 2011, p. 180)

8. Genderqueer

American Psychological Association (2011b) defines genderqueer as a:

term that some people use who identify their gender as falling outside the binary constructs of “male” and “female.” They may define their gender as falling somewhere on a continuum between male and female, or they may define it as wholly different from these terms. They may also request that pronouns be used to refer to them that are neither masculine or feminine, such as “zie” instead of “he” or “she,” or “hir” instead of “his” or “her.” Some genderqueer people do not identify as transgender. (p. 2)

The “Injustice at Every Turn: National Transgender Discrimination Survey” defines genderqueer as “a term used by individuals who identify as neither entirely male nor female, identify as a combination of both, or who present in a non-gendered way” (Grant et al., 2011, p. 180).

9. Gender Identity Disorder (GID)

GLAAD (n.d.) defines GID as a “controversial DSM-IV diagnosis given to transgender and other gender-variant people. Because it labels people as ‘disordered,’ Gender Identity Disorder is often considered offensive” (para. 7).

The VA defines gender identity disorder as “a conflict between a person’s physical sex and the gender with which the person identifies” (Department of Veteran Affairs, 2013, p. 2).

The U.S. National Library of Medicine website defines gender identity disorder as “a conflict between a person’s physical gender and the gender he or she identifies as” (Vorvick, 2012, para. 1).

While uncertainty exists as to whether or not an individual may self-identify or simply accept being placed in one of the above categories, it is important to note that certain terms are considered derogatory and dehumanizing. These include “she-male,” “he-she,” “it,” “trannie,” “tranny,” “shim,” “gender-bender,” and others (GLAAD, n.d.,

para. 2). Also, the accurate use of pronouns, he or she, when referring to a transgender person is also seen as offensive. According to GLAAD (n.d.), transgender persons should be referred to by the gender with which they identify, whether their bodies have been altered or not (para. 5).

C. THE HISTORICAL EVOLUTION OF THE TRANSGENDER PHENOMENA

According to Drescher et al. (2012), “psychiatric and medical theorizing about transsexualism and transgender phenomena began in the Western world in the 19th century” (p. 568). “Transgender presentations” were “with rare exception,” classified as psychopathological until about the mid-20th century (p. 568). For further reference, psychopathology is “a term which refers to either the study of mental illness or mental distress or the manifestation of behaviours and experiences which may be indicative of mental illness or psychological impairment” (Science Daily, n.d., para. 1).

As early as 1886, Krafft-Ebbing, a psychiatrist, documented cases of people living their day-to-day lives as members of the opposite sex, from their sex determined at birth, and cases of individuals who desired to live as members of the opposite sex (Drescher et al., 2012). “Until the middle of the 20th century, with rare exceptions, transgender presentations were usually classified as psychopathological (Drescher et al., 2012, p. 568). Research by Drescher et al. (2012) indicates, “theories of sexuality conflated transgenderism and homosexuality” (p. 568). A psychiatrist by the name of Hirschfeld is believed to be the first to distinguish between homosexuality and transsexualism (Drescher et al., 2012). However these distinctions would not be accepted until decades later of work by Benjamin, Money, Stoller and Green (Drescher et al., 2012). In the 1920s, European physicians performed sex reassignment surgery (SRS) (Drescher et al., 2012). Hirschfeld, in his clinic (with Dr. Felix Abraham), performed the first sex-change surgeries, “a mastectomy on a trans man in 1926, a penectomy on his domestic servant Dora in 1930, and a vaginoplasty on Lili Elbe, a Danish painter, in 1931. The surgery was not easy, and Lily died less than two years later from complications” (Whittle, 2010, para. 7). As Whittle (2010) describes, in the 1940s, Michael (formerly Laura) Dillion

received gender reassignment and penis construction during the war by plastic surgeon Sir Harold Gilles.

In 1952, U.S. media reported the return of a transsexual woman, Christine Jorgensen, to the United States after undergoing SRS in Denmark. Christine, born as George William Jorgensen, Jr. and having served as draftee in the U.S. Army, became an instant celebrity (Drescher et al., 2012). The publicity led to “greater popular, medical, and psychiatric awareness of the concepts of gender identity” and greater recognition of the growing number of people desiring to transition to a sex opposite from their birth sex (Drescher et al., 2012, p. 569). According to Denny (2002), increased discussions of gender identity and sex reassignment would establish a model and a name to describe feelings for individuals who identified as transsexual or transgender.

Whittle (2010) observes that Henry Benjamin, an endocrinologist who trained at Hirschfield’s clinic, trained “a new generation of psychiatrists and psychotherapists in the treatment of transsexual people” in his clinics located in New York and San Francisco (para. 4). In 1966, although gender reassignment was still stigmatized socially in public and medically, Benjamin published the “first major textbook” on the subject of transsexuals, *The Transsexual Phenomenon* (Whittle, 2010). Gender reassignment would remain stigmatized for 40-plus years (Whittle, 2010), even though from the mid-1960s through the late-1970s universities, such as John Hopkins University, University of Minnesota, Stanford University, and the University of Texas, started programs that evaluated transgenders for genital surgery and hormone treatment, labeling this the “Big Science of transgender history” (Stryker, 2008, p. 93). However, “in the 21st century, international expert guidelines [would begin to] support transition in carefully evaluated individuals” (WPATH, 2011).

D. SHIFTS IN TRANSGENDER MEDICAL CLASSIFICATION

Gender identity has shifted diagnostic categories in both the International Classification of Disease (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). This section discusses these shifts, starting with the ICD and followed

by shifts that occur in the DSM. These shifts are due largely to advances in clinical research spurred by controversy.

According to Drescher et al. (2012), at the direction of WHO, The Working Group on the Classification of Sexual Disorders and Sexual Health (WGSDSH) was asked to evaluate clinical and research data to provide guidance for revision of diagnostic categories related to sexuality and gender identity currently included in the mental and behavioral disorder chapter of the ICD-10. The ICD is the “standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems” (World Health Organization, n.d.b., para. 1). The category of gender identity disorder classifies all “trans” persons as mentally ill (Beredjick, 2012). Over time, classification of gender identity has shifted in the ICD classification system (Drescher et al., 2012). Table 1 summarizes the shifts of gender identity diagnoses in the ICD.

Table 1. Gender identity diagnoses in the international classification of disease (from Drescher et al., 2012)

Edition	Parent category	Diagnosis name	Code
ICD-6 (1948)	N/A	N/A	N/A
ICD-7 (1955)	N/A	N/A	N/A
ICD-8 (1965)	Sexual deviations	Transvestitism	302.3
ICD-9 (1975)	Sexual deviations	Transvestism	302.3
		Trans-sexualism	302.5
ICD-10 (1990)	Gender identity disorders	Transsexualism	F64.0
		Dual-role transvestism	F64.1
		Gender identity disorder of childhood	F64.2
		Other gender identity disorders	F64.3
		Gender identity disorder, unspecified	F64.4
ICD-11 (2015)	?	Gender incongruence of adolescents and adults	?
		Gender incongruence of children (proposed)	?

Prior to the ICD-6, previous versions of the ICD only concerned classifications of morbidity (Drescher et al., 2012). It was not until the ICD-6 that classifications of mental disorders were included (Drescher et al., 2012). As Drescher et al. (2012) observe:

In ICD-6 (1948), there is no reference to the diagnosis of transsexualism; nor does it appear in ICD-7 (1955). By way of contrast, and, as previously noted, sexual orientation and gender identity were often conflated at that time, and a diagnosis called homosexuality does appear in ICD-6 and ICD-7 as an inclusion term (that is, as an example) for the diagnostic category sexual deviation (320.6), which is further classified as apathologic personality under the supra category of disorders of character, behaviour, and intelligence (320). Homosexuality was included as a separate diagnostic category in ICD-8, which was maintained in ICD-9 but removed from ICD-10 and replaced by egodystonic sexual orientation (F66.1). (p. 570)

The ICD-8 (1965), reflecting changing clinical and theoretical views, separated sexual deviations (302) from personality disorders (301). The sexual deviations still included homosexuality (302.0), but introduced the diagnosis of transvestitism (302.3) for the first time. Definitions of diagnostic categories were not provided in ICD-8, so the intended meaning of transvestitism is not entirely clear. (p. 570)

Further change occurred in the ICD-9 (1975), where transvestitism was replaced by transsexualism (302.3). It was defined as a “Sexual deviation in which sexual pleasure is derived from dressing in clothes of the opposite sex. There is no consistent attempt to take on the identity or behaviour of the opposite sex.” While still in the sexual deviations category, there was now a separate and exclusionary diagnosis for a newly added diagnosis of trans-sexualism [sic] (302.5). (p. 570)

Drescher et al. (2012) continue, in 1990, the ICD-10 was reorganized reflecting a “growing body of clinical experience and research” (p.570):

The ICD-10 (1990) saw a significant reorganization of the classification system and some new gender identity diagnoses that reflected a growing body of clinical experience and research. Under ‘disorders of adult behaviour and personality’ appeared a new category of gender identity disorders (F64) which includes five diagnoses: transsexualism (F64.0), dual-role transvestism (F64.1), gender identity disorder of childhood (F64.2), other gender identity disorders (F64.3), and gender identity disorder, unspecified (F64.4). (p. 570)

The ICD-11 is expected to be published in 2017. Several controversies surround the way in which gender identity will be classified in this ICD and how gender identity would be potentially classified in DSM-5 (Drescher et al., 2012, p. 571). These controversies relate to the stigmatization of transgenders as mentally ill, perceived human rights violations (with regard to classification as a mental disorder), unknown aetiology,

and issues of placement (Drescher et al., 2012, pp. 571–573). As a result, the WGSDSH “strongly recommended that the diagnoses be removed from ICD-11’s section on mental and behavioural disorders” (Drescher et al., 2012, p. 574). It is anticipated that the ICD-11 will no longer use the phrase, GID, to categorize diagnosis of transgender and transsexualism, but instead propose the phrase, Gender Incongruence (Drescher et al., 2012).

The ICD was not the only diagnostic manual that underwent “category migration.” The American Psychiatric Association’s DSM also underwent similar changes in classifying the gender identity diagnosis (Drescher et al., 2012, p. 570). The DSM is the “standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems)” (American Psychiatric Association, n.d., para. 1). Table 2 summarizes gender dysphoria in the DSM.

Table 2. Gender dysphoria in the diagnostic and statistical manual of mental disorders (from Drescher et al., 2012)

Edition	Parent category	Diagnosis name
DSM-I (1952)	N/A	N/A
DSM-II (1968)	Sexual deviations	Transvestitism
DSM-III (1980)	Psychosexual Disorders	Transsexualism
DSM-III-R (1987)	Disorders usually first evident in infancy, childhood or adolescence	Gender identity disorder of childhood
		Transsexualism
		Gender identity disorder of childhood
DSM-IV (1994)	Sexual and gender identity disorders	Gender identity disorder of adolescence and adulthood, nontranssexual type
		Gender identity disorder in adolescents or adults
		Gender identity disorder in children
DSM-IV-TR (2000)	Sexual and gender identity disorders	Gender identity disorder in adolescents or adults
		Gender identity disorder in children
		Gender identity disorder in children
DSM-5 (2013)	Gender dysphoria (Proposed)	Gender dysphoria in adolescents or adults
		Gender dysphoria in children
		Gender dysphoria in children (Proposed)

Gender identity diagnoses were not addressed until DSM-II with the categorization of transvestitism under sexual deviation; however, it offered no description or diagnostic criteria (Drescher et al., 2012, p. 571). According to Drescher et al. (2012), the “DSM-III abandoned the psychodynamic theorizing of the first two manuals and adopted a neo-Kraepelian, descriptive, symptom-based framework drawing upon contemporary research findings. Zucker and Spitzer (2005) describe the environment leading to gender identity diagnoses being included in the DSM-III, and which may also have been influential for the ICD” (Drescher et al., 2012, p. 571). The authors continue that, in the 1960s, psychiatry in North America focused on adults with transsexualism, after psychiatrists and mental health professionals became more aware of “adult patients reporting substantial distress about their gender identity and seeking treatment for it, typically hormonal and surgical sex-reassignment” (Drescher et al., 2012, p. 571). These cases made it possible to establish hospitals and clinics for gender identity in adults (Drescher et al., 2012). By the 1980s, there was enough data for transsexualism to be “clinical entity” and a “great deal of empirical research that examined its [transsexualism’s] phenomenology, natural history, psychologic and biologic correlates and so forth” (Drescher et al., 2012, p. 571).

According to Zucker and Spitzer (2005) in the DSM third edition (DSM-III) (1980), “two psychiatric diagnoses pertaining to gender dysphoria in children, adolescents, and adults” appeared for the first time: “gender identity disorder of childhood (GIDC) and transsexualism (the latter was to be used for adolescents and adults). In the DSM-III-R (1987), a third diagnosis was added, gender identity disorder of adolescence and adulthood, nontranssexual type. In DSM-IV (1994, and DSM-IV-TR 2000), this last diagnosis was eliminated (“sunsetting”), and the diagnoses of GIDC and transsexualism were collapsed into one overarching diagnosis, gender identity disorder (GID), with different criteria sets for children versus adolescents and adults” (p. 32). In addition to name changes, diagnostic categories were migrated within the DSM chapters (Drescher et al., 2012, p. 571).

Drescher et al. (2012) state that “in DSM-III (1980), both transsexualism and GIDC are listed among the psychosexual disorders. In DSM-III-R (1987), both are moved to a category of disorders usually first evident in infancy, childhood, or adolescence. In DSM-IV (1994) and DSM-IV-TR (2000), they are moved again to a new parent category, sexual and gender identity disorders, and transsexualism is renamed gender identity disorder in adolescents or adults”, which is “then clustered with the paraphilias and sexual dysfunctions” (p. 571).

This section covers the history of shifts in the medical classification of transgender. These shifts were due to advances in research and controversies raised by medical professionals and advocacy groups. Recently, the American Psychiatric Association’s proposed change from GID to gender dysphoria (GD) was made concrete in the DSM-5, published in 2013 (American Psychiatric Association, 2013a). It is also anticipated that the WHO’s publication of the ICD-11 will reflect the shift of removing gender identity from the mental health category (Drescher et al., 2012).

E. RESEARCH THEMES AND FINDINGS IN SCIENTIFIC LITERATURE

The repeal of DADT ended the legal battle that prevented lesbians, gays, and bisexuals from serving openly in the military. Obviously, these groups will still face struggles. The basic rights of marriage, health care, and death benefits, just to name a few, that their heterosexual counterparts have access to with minimum administrative and legal strife, will need to be demanded to be recognized. However, the repeal of DADT has given the lesbian, gay and bisexual communities a voice to appeal for these rights and to bring certain inequities to light. The right to serve openly, however, was not extended to transgenders. It is not surprising, then, that interest groups, research centers, and individual scholars who produced so many studies supporting the repeal of DADT are now asking, why are transgenders not allowed to serve openly in the U.S. military?

In 2013, the Palm Center, “best known for its extensive research that revealed the discriminatory and baseless nature of the so-called ‘Don’t Ask, Don’t Tell’ (DADT) policy,” received \$1.35 million in grants from the Tawani Foundation to conduct studies on transgender service in the U.S. military (Wong, 2013, p. 1). As Wong (2013)

observes, the studies will include “a wide range of key, transgender-specific military issues,” one of which “aims to investigate the effect of transgender inclusion on the combat readiness of other countries’ armed forces, in efforts to see whether and how the U.S. armed forces could [also] include transgender troops without undermining readiness” (p. 1). The Palm Center (2013) commissioned the following military studies.

Cost and complexity of care—a study to compare the cost and complexity of treating the most prevalent medical conditions in the general military population of active duty service members with the cost and complexity of addressing the medical needs of transgender people. The study should either draw on extant scales for assessing the complexity of treating medical conditions, or should develop a new scale.

Discrimination and readiness—a study to determine if U.S. military policies that ban transgender troops from serving openly impact their ability perform their jobs.

Foreign militaries and transgender service—a study to evaluate whether British, Israeli, Australian, Canadian, and other foreign military decisions to allow transgender troops to serve compromised military readiness.

Institutional privacy accommodations—a study to evaluate how prisons, as well as militaries and police and fire departments that allow transgender individuals to serve, manage privacy issues involving toileting, berthing and showering.

Organizational effectiveness and transgender inclusion—a study to evaluate whether decisions to include transgender individuals in domestic institutions that are analogous to the U.S. military, such as police and fire departments and the CIA, compromised organizational effectiveness.

Physical standards and transgender service—a study to evaluate how militaries and police and fire departments that allow transgender individuals to serve adapted policies concerning physical standards (both accession and job-specific standards) to accommodate transgender inclusion, and whether adaptations impacted readiness.

Privacy in the U.S. military—a study to evaluate how the U.S. military manages privacy issues involving toileting, berthing and showering when separation by sex is not possible.

Transgender medical accommodation—a study to determine whether and how the U.S. military could accommodate medical needs of transgender service members including reassignment surgery and hormone therapy.

Uniform regulations—a study to evaluate how militaries as well as police and fire departments that allow transgender individuals to serve adapted regulations concerning dress and grooming (for both on- and off-duty members) to accommodate transgender inclusion.

U.S. military accommodation of serious medical conditions—a study to determine how the U.S. military accommodates service members suffering from serious medical conditions, such as cancer, diabetes, and alcoholism. Research should include evaluation of formal policies concerning the accommodation of serious medical conditions, discussion of how policies are implemented, and assessment of whether accommodations undermine readiness. (para. 6–16)

These studies are considered groundbreaking. Since the topic is so new to the U.S. military, previous research is quite limited. Throughout the nearly two decades of DADT, attention focused almost exclusively on issues relating to the service of homosexuals. Now, with DADT’s repeal, attention has shifted to other, parallel issues and perceived inequities. This can be seen in comments of Bryant and Schilt (2008), who find “existing research indicates that military policies and practices negatively impact transgender, transsexual, and intersex-identified people in the U.S. armed forces” (p. 3). Bryant and Schilt (2008) proceed to quote an excerpt from a report by Tarynn M. Witten (2007):

On an institutional level, . . . the U.S. military has taken the traditional stand that non-traditional gender identities fall under the aegis of disease, in particular psychopathology, and that individuals claiming such identities are therefore to be removed from service or to be prevented from entering the service wherever and whenever possible. (p. 3)

Witten (2007) finds that transsexualism is currently classified incorrectly and dated in military policy as a psychosexual condition under the DSM-III in 1980. Since DSM-III, several editions have not only removed transsexualism from this category but have also renamed transsexualism as GID (Drescher et al., 2012).

Although not specifically military-focused, the most current statistical research of record is the “Injustice at Every Turn: A Report of the Transgender Discrimination Survey,” conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force (Grant et al., 2011). With a sample size of 6,456 transgender and non-conforming respondents, the survey found that 20% of admitted transgenders claimed to have present or previous military service (Grant et al., 2011). The survey also found that 55% of the respondents live full-time in a gender different from their sex assigned at birth or are in transition (Grant et al., 2011). The survey defines transition as:

A process that some—but certainly not all—transgender and gender non-conforming people undertake to live in a gender different from the one they were assigned at birth. For some, the journey traveled from birth sex to current gender may involve primarily a social change but no medical components; for others, medical procedures are an essential step toward embodying their gender. (Grant et al., 2011, p. 26)

At the same time, 27% of respondents indicated that, although they are not living full-time in their desired gender, they still want to do so. Eighteen percent indicated that they had no desire to live full time in a gender opposite of the sex they were assigned at birth.

Even though 55% of respondents indicated they live full time as transgender, only about one-third of the respondents had surgically transitioned. By comparison, 61% reported some form of medical transition, such as they had either hormone therapy or some surgery, not both (Grant et al., 2011). The authors note that these statistics should not be confused as indicating a lack of desire to transition hormonally and surgically. The cost of medical transition, hormonal therapy, and surgery, is expensive, and almost all is paid out of pocket because some procedures related to SRS are not covered or reimbursed by medical insurance (Grant et al., 2011).

F. SUMMARY

This chapter provides a background and overview of literature that defines the term, transgender. It discusses the difference between gender and sex and how understanding sexual identity is important to understanding gender identity in the transgender community. In reviewing the history of how gender identity is treated in diagnostic manuals, specifically, ICD and DSM, the discussion shows how perceptions of transgenders have changed over time. In addition, the chapter highlights the complexities of terminology that exist within the transgender community. This chapter provides the foundation for understanding the complexities of the transgender community. Chapter III discusses the policies and medical restrictions that prevent transgender individuals from serving in the U.S. military.

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III. U.S. MILITARY POLICIES AND MEDICAL RESTRICTIONS

A. HISTORY AND TRENDS IN POLICIES AND PRACTICE

It is true that the military is a unique environment in which people are called upon to act and live in ways often unimaginable to their civilian counterparts. But, the military is also part of a nation whose founding documents assert that all are created equal and that none shall be denied equal protection under the law.

—Melissa Embser-Herbert
The U.S. military's "don't ask, don't tell" policy

The U.S. military, throughout its existence, has been subject to the demands of equality and equal treatment, often in direct opposition to its policies of exclusion. History accounts the exclusion of blacks, women, women in combat, gay men, and lesbians. For all of these groups, time has proven that preconceived notions of inadequacy and inferiority were wrong. In addition, when equal treatment is held as a standard for all, the military stands to gain.

A few examples are witnessed in the military service of persons, such as General Colin Powell, Colonel Rhonda Cornum, and LtCol Victor Fehrenbach. General Powell, the 12th Chair of the Joint Chiefs of Staff, began his military career as a Lieutenant serving in Vietnam (Embser-Herbert, 2007). Colonel Rhonda Cornum, while serving as a flight surgeon during the Persian Gulf War, was taken prisoner when the helicopter she was on was shot down during a search and rescue mission (Embser-Herbert, 2007). A few of her service awards include the Distinguished Flying Cross, Bronze Star, and Purple Heart (Embser-Herbert, 2007). LtCol Fehrenbach, U.S. Air Force, deployed six times in support of seven major combat operations (Fehrenbach, 2014). He accrued 2,180 total flying hours, 1,487 fighter hours, 500 instructor hours, 400 combat hours, and 88 combat missions (Fehrenbach, 2014). When his sexual orientation was called into question, which resulted in the military discharge board recommending an honorable discharge under DADT, he took legal action (Fehrenbach, 2014). His case was one of four that accelerated the repeal of DADT (Fehrenbach, 2014).

All three persons served their military branch and country honorably. In addition, as of this date, no exclusionary policies would keep any of these three people from serving in the U.S. military. In addition, the Secretary of Defense, in 2013, lifted an existing ban on women serving in combat (Bulmiller & Shanker, 2013). However, the U.S. military faces yet another equal opportunity, equal-protection-under-the law battle, gender identity.

In a 2013 speech at the Pentagon, commemorating LGBT Pride Month, Secretary of Defense Chuck Hagel (2013) applauded the service of gays and lesbians as continued progress toward fulfilling the nation's vision of equality, making special mention of LGB leaders, such as Acting Secretary of the Air Force Eric Fanning and Brigadier General Tammy Smith. He continued by saying that this country has benefited from the service of gays and lesbians and now they may serve openly. He states:

With their service, we are moving closer to fulfilling the country's founding vision, that all of us are created equal.

It has never been easy to square the words of our forefathers with the stark realities of history. But what makes America unique, what gives us strength is our ability to correct our course. Over more than two centuries, our democracy has shown that while it is imperfect, it can change, and it can change for the better.

All of us should take pride in the role the U.S. military has played in this endeavor and continues to play. The military continues to fulfill this country's promise. Our commitment to equality requires us to continue building a culture of respect for every member of the military, our society, and for all human beings. (para. 3–5)

In response to Secretary Hagel's inspiring speech, Stone (2013), an LGBT advocate and U.S. Navy veteran, wondered if DOD would be changing its policy on transgenders. Stone (2013) writes:

In the recent LGBT Pride Month Celebration at the Pentagon, President Obama's top adviser [Valerie Jarrett] and the Secretary of Defense [Chuck Hagel] both used soaring terms to praise the fight for LGBT equality in the military. There's just one problem: the "T" in "LGBT" means "transgender" and transgender persons are still barred from service in the United States military. (para. 1)

Stone (2013) continues:

If Hagel is making a distinction between active-duty service members and the civilian DOD employees, then we have to ask why the Department of Defense (DOD) is making this distinction. Now that the “don’t ask, don’t tell” (DADT) policy is repealed, there is no legal reason that the military can’t change its policies regarding transgender persons. (para. 3)

Stone (2013) observes that both the Secretary of Defense and Valerie Jarrett praised “the fight for LGBT equality in the military.” A closer review of their speeches indicates otherwise. The Secretary of Defense praised gay and lesbian active duty members and LGBT DOD employees, stating that they are “integral to America’s Armed Forces” (Hagel, 2013). Valerie Jarrett’s speech at the LGBT celebration focused primarily on the difficulties that gay and lesbian military members, as well as their families, experienced under DADT. Both echoed the sentiment that work still needs to be done, implying further movement toward equality for the entire LGBT community.

Nevertheless, Stone raises a legitimate question about drawing a distinction between active duty service members (as gay and lesbian) and DOD civilians (as LGBT) and existing policies on transgender persons. Why the distinction? Moreover, why, with the repeal of DADT, have no significant policy changes occurred regarding the treatment of transgender active duty military members? The reason, in part, is that DADT and its repeal addressed issues of sexual orientation—the lesbian, gay, and bisexual elements of LGBT—and not gender identity. Sexual orientation defines an individual’s physical or sexual attraction to another person. Although a transgender person may also identify as gay, lesbian, or bisexual, the gender identity component still separates transgenders from homosexuality and bisexuality. Consequently, from the early 20th century to the repeal of DADT in 2013, the military’s policies more accurately affected the LGB, not LGBT, community.

Indeed, it was not until the early 20th century that homosexuality was investigated in the military, in Newport, Rhode Island (Embser-Herbert, 2007). The Articles of War of 1916, during World War I, was the only document that addressed homosexuality in the context of “assault with intent to commit sodomy” (Embser-Herbert, 2007, p. 5). As Embser-Herbert (2007) states:

An important distinction worth noting is that, as has always been the case, sodomy and homosexuality are not synonymous. A person who did not identify as “gay” could be punished for engaging in sodomy. A person who identified as gay could be punished for being gay, but not necessarily be guilty of sodomy. That is, regulations concerning homosexuality were distinct from the criminal code’s treatment of sodomy. It is also worth noting that these early policies addressed only gay men. (p. 5)

In 1920, consensual sodomy was included as a criminal behavior punishable by incarceration (Embser-Herbert, 2007). According to Embser-Herbert (2007), “after World War I it was the role of the medical community that led to a broader set of guidelines for dealing with homosexuality, or ‘sexual perversion,’ as it was known” (p. 5). During the latter part of World War II, lesbian behavior was “explicitly addressed” due to the increase of roles for women in the military (p. 5). Regulations regarding homosexuality received a “great deal of attention” during the 20th century (Embser-Herbert, 2007). In the Army alone, policy regarding homosexuality was revised 24 times between 1941 and 1945 (Embser-Herbert, 2007). Under the new Uniform Code of Justice (UCMJ), in 1951, Article 125 made sodomy, to include oral and anal sex, subject to court martial (National Defense Research Institute, 2010). Embser-Herbert (2007) continues:

Looking back from the era of “Don’t Ask, Don’t Tell,” this period is historically important because of the increased emphasis on homosexual “proclivities” or “tendencies,” as opposed to sodomy and confirmed homosexual relationships. Given the typically private pursuit of sexual activity, it was public behaviors that were more likely to cause concern. And, as has long been the case, violations of gender norms were those behaviors most likely to signal a “proclivity” or “tendency” toward homosexuality. The discourse on “conduct v. status” has its roots in the records of this time. By the end of World War II the dominant paradigm regarding the military service of gays and lesbians was that the focus should be on the service members who could be labeled “gay,” not those who were known to have engaged in the criminal activity of sodomy. (p. 5). Haggerty (2003) (as cited by Embser-Herbert, 2007), states that “[e]ven if no sexual activity has occurred, a growing body of policy supported the conceptualization of a homosexual personality who was to be barred from military service at induction or separated from the service upon his discovery.” (p. 17)

Following several revisions of the 1959 DOD Directive 1332.14 regarding administrative discharges for homosexual and lesbian military members, and several

years of inconsistencies prior to the 1982 revision of DOD Directive 1332.14, homosexuality was formally declared “incompatible with military service” in 1982 (Embser-Herbert, 2007, p. 7). The 1983 DOD Directive 1332.14 was put in place to eliminate administrative “loopholes by which gays and lesbians could be retained (Embser-Herbert, 2007, p. 7) Over a decade later, in 1993, the DADT policy was created and incorporated in Defense Directive 1304.26 (Embser-Herbert, 2007). Although no federal laws like the DADT policy specifically deny transgender people from serving in the military, a DOD medical instruction, DODI 6130.03, denies entry into the military by persons who identify themselves as transsexual.

B. MEDICAL STANDARDS

The DOD Instruction (DODI) 6130.03, entitled “Medical Standards for Appointment, Enlistment, or Induction in the Military Service,” is used to “establish policy, assign responsibilities, and prescribe procedures for physical and medical standards for appointment, enlistment, or induction in the Military Services. . . . [and] medical standards, which, if not met, are grounds for rejection for military service. Other standards may be prescribed for a mobilization for a national emergency” (DOD, 2011, p. 1). This instruction covers a wide range of impairments, deformities, diseases, disorders, learning, and psychiatric and behavioral issues.

This instruction is applicable to the Office of the Secretary of Defense (OSD), U.S. Air Force, U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DOD Field Activities, all other organizational entities within the DOD, Reserve Components, United States Merchant Marine Academy, applicants for Scholarship or Advanced Course Reserve Officer Training Corps (ROTC), cadets and midshipmen at the U.S. service academies, students enrolled in ROTC scholarship programs, personnel on the temporary disability retired list (TDRL) found fit for duty and elect to return to active duty status and all persons inducted into the Military Services (DOD, 2011). In this instruction, DOD clearly defines its policy. It states that the DOD policy is to:

a. Utilize common physical standards for the appointment, enlistment, or induction of Service personnel and eliminate inconsistencies and inequities based on race, sex, or location of examination in the application of these standards by the Military Services.

b. Precisely define any medical condition that causes a personnel action, such as separation, medical waiver, or assignment limitation, by utilizing the International Classification of Diseases (ICD), Current Procedural Terminology (CPT), and the Healthcare Common Procedure Coding System (HCPCS), and annotate qualification decisions by standard medical terminology, rather than codes. The standards in this Instruction shall be for the acquisition of personnel in the Military Services.

c. Ensure that individuals under consideration for appointment, enlistment, or induction into the Military Services are:

(1) Free of contagious diseases that probably will endanger the health of other personnel.

(2) Free of medical conditions or physical defects that may require excessive time lost from duty for necessary treatment or hospitalization, or probably will result in separation from the Service for medical unfitness.

(3) Medically capable of satisfactorily completing required training.

(4) Medically adaptable to the military environment without the necessity of geographical area limitations.

(5) Medically capable of performing duties without aggravation of existing physical defects or medical conditions. (DOD, 2011)

Three sections are applicable specifically to transgender persons. They are located in enclosure four and in sections 14, 15, and 29. Both sections 14 and 15 concern the altering of female and male genitalia. Specifically, in section 15, regarding male genitalia, it states a “history of penis amputation” (DOD, 2011). Section 15 continues by listing a “history of major abnormalities or defects of the genitalia, such as change of sex, hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis” as disqualifiers for service in the military (DOD, 2011, p. 25). Section 29 denies entry of transsexuals under the category of psychosexual conditions: “current or history of psychosexual conditions, including but not limited to transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias” (DOD, 2011, p. 48).

C. INTERNATIONAL CLASSIFICATION OF DISEASE, NINTH REVISION, CLINICAL MODIFICATION (ICD-9-CM)

The DODI 6130.03 uses “International Classification of Diseases, Ninth Revision, Clinical Modification” (ICD-9-CM) as a reference to categorize diseases that exclude persons from active duty service (DOD, 2011). The ICD-9-CM is based on the WHO’s version, “International Classification of Diseases, Ninth Revision” (ICD-9) created in 1975 (MediLexicon, n.d.). The WHO is responsible for revisions of the ICD. The ICD “is the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems” (WHO, n.d.b., para. 1). According to WHO (n.d.a.), the ICD is used to:

...classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States. It is used for reimbursement and resource allocation decision-making by countries. (para. 2)

The National Center for Health Statistics (NCHS) and the Medicare and Medical Services oversee all changes and alterations to the ICD-9-CM (MediLexicon, n.d.). The ICD-9-CM is the U.S. official system for assigning codes to procedures and diagnoses based on the WHO’s Ninth Revision (MediLexicon, n.d.).

Section 29, of DODI 6130.03 (2011), “Learning, Psychiatric, and Behavioral,” states the following as an exclusion of military service: “[a] current or history of psychosexual conditions [code 302], including but not limited to transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias” (p. 48). In the ICD-9-CM, psychosexual disorders are coded as 302. Under 302, psychosexual, exhibitionism, transvestism, voyeurism, paraphilias, and gender identity (transsexualism) are defined as follows:

Psychosexual disorders are disturbances in sexual function secondary to emotional and/or mental causes. This category includes sexual dysfunctions, sexual perversions (paraphilias), and gender identity

disorders, and is separate from sexual disorders that may arise from an underlying medical condition. (MDGuidelines, n.d., para. 1)

Sexual perversions (paraphilias) involve strong and recurrent sexual desire for unusual situations or objects. Examples are displaying one's genitals (exhibitionism); sexual desire for children (pedophilia), non-consenting adults (sexual sadism), objects (fetishism); observing other people unclothed or engaged in sexual activities (voyeurism); rubbing against someone or something for purposes of sexual stimulation (frottage or frotteurism); and cross-dressing (transvestic fetishism). Paraphiliac behavior usually begins in adolescence. (MDGuidelines, n.d., para. 3)

Gender identity disorders characterize individuals who desire to be—or insist that they are—members of the other sex. Gender identity disorder symptoms can develop as early as ages 2 to 4. In boys, the cross-gender identification is manifested by a preoccupation with toys, dress and activities that are stereotypically female. Girls identify with the opposite gender in the preoccupation of role-play, dreams and fantasies. However, only a small number of children will continue to have symptoms that meet criteria for this disorder in adolescence or adulthood. In adults, such gender-identification can lead to sex-change operations (sexual reassignment surgery). (MDGuidelines, n.d., para 4)

It is important to note that transsexualism is currently classified under mental disorders in the ICD (ICD-10, 2010). The ICD-9 has undergone revision, ICD-10, revised in 1990, shifting transsexualism from the sexual deviation category to the gender identity disorder (GID) category. Currently, the ICD-10 is under revision and ICD-11 is expected to be published in 2017 (WHO, n.d.a., para. 3). Expected revision, ICD-11, is discussed in a future chapter. It is important to note that possible changes on the horizon may impact the DODI 6130.03 placement of transsexualism under the mental disorders classification (Drescher et al., 2012).

D. MILITARY AND CIVIL SERVICE EMPLOYMENT

Executive Order 11478, section 1 (as amended by Executive Orders 13087 and 13152) provides:

It is the policy of the government of the United States to provide equal opportunity in federal employment for all persons, to prohibit discrimination in employment because of race, color, religion, sex, national origin, handicap, age, sexual orientation or status as a parent, and

to promote the full realization of equal employment opportunity through a continuing affirmative program in each executive department and agency. This policy of equal opportunity applies to and must be an integral part of every aspect of personnel policy and practice in the employment, development, advancement, and treatment of civilian employees of the federal government, to the extent permitted by law. (para. 2)

Although transgender individuals are currently excluded from active-duty service in the U.S. military, they are not excluded from employment as civilians in the federal government, as presently applied and interpreted in Title VII of the Civil Rights Act of 1964 (U.S. EEOC, n.d., para. 1). In addition, laws are in place to prevent the discrimination of gender identity of a civil service employee, the Civil Service Reform Act of 1978 (CSRA), amended (U.S. EEOC, n.d., para. 1). It is important to note that 13 states that have passed laws to protect transgender people from discrimination; however, for the purpose of this section, the focus is on federal civil service employment. The U.S. Equal Employment Opportunity Commission (EEOC) (n.d.) states:

The EEOC enforces the prohibitions against employment discrimination in Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, Sections 501 and 505 of the Rehabilitation Act of 1973, Titles I and V of the Americans with Disabilities Act of 1990 (ADA), Title II of the Genetic Information Non-discrimination Act (GINA), and the Civil Rights Act of 1991. These laws prohibit discrimination based on race, color, sex, religion, national origin, age, disability, and genetic information, as well as reprisal for protected activity. The Commission's interpretations of these statutes apply to its adjudication and enforcement in federal sector as well as private sector and state and local government employment.

The EEOC has held that discrimination against an individual because that person is transgender (also known as gender identity discrimination) is discrimination because of sex and therefore is covered under Title VII of the Civil Rights Act of 1964. See *Macy v. Department of Justice*, EEOC Appeal No. 0120120821 (April 20, 2012), <http://www.eeoc.gov/decisions/0120120821%20Macy%20v%20DOJ%20ATF.txt>. The Commission has also found that claims by lesbian, gay, and bisexual individuals alleging sex-stereotyping state a sex discrimination claim under Title VII. See *Veretto v. U.S. Postal Service*, EEOC Appeal No. 0120110873 (July 1, 2011); *Castello v. U.S. Postal Service*, EEOC Request No. 0520110649 (Dec. 20, 2011), <http://www.eeoc.gov/decisions/0520110649.txt>. (para. 1)

Although the EEOC interpreted that gender identity discrimination falls under sex discrimination, it is an interpretation, not law. Currently, Congress is being pushed to pass the Employment Non-Discrimination Act (ENDA) to ensure employment protections and prohibit employment discrimination on the basis of sexual orientation and gender identity (Vagins, 2007). Small businesses, religious organizations, and the military would be excluded from the guidelines of the ENDA (Vagins, 2007).

The Human Rights Campaign (HRC) is demanding that Congress take five steps to move beyond the repeal of DADT and continue down the “path to equality” (HRC, n.d., p. 1). The fourth step, “review the barriers to transgender individuals serving in the military,” addresses the military’s exclusion of transgender individuals’ ability to serve openly (HRC, n.d.). The HRC (n.d.) states:

Unlike the prohibition open service by lesbian and gay service members under DADT, transgender military service is not prohibited by statute. Instead, the military’s approach to transgender service is contained in policies that bar transgender individuals from serving openly in the military. Military directives, instructions, policies, orders, rules, and case law assert that transgender individuals have a psychiatric condition and/or suffer from physical limitations which make them ineligible to serve. This blanket policy must be replaced with a more nuanced policy that does not automatically disqualify a transgender individual from serving if he she meets all other requirements of service. (p. 3)

Currently, the U.S. military excludes transsexuals from military service due to two medical restrictions. The first places transsexuals under psychosexual conditions, based on the ICD-9 classification. According to Witten (2007):

In this regulation, the military incorrectly classifies transsexualism as a paraphilia, a psychiatric disorder involving deviant sexual practices, and lumps transsexualism together with paraphilias, such as transvestic fetishism (fetishizing clothing of another gender). This further stigmatizes those individuals who do so identify, and perpetuates the military’s rigid sense of binary sexual difference and idealization of the masculine body. (p. 5)

The second excludes transsexuals based on gender modifications or “major genital abnormalities or defect” (p. 8).

E. SUMMARY

The repeal of DADT has been celebrated by many as a successful achievement for LGBT rights and continued progress toward equality of opportunity for all Americans. However, the reality is that the repeal of DADT has not resulted in any major change of how transgenders are treated by the U.S. military. Transgenders are still excluded from military service based on classifications of the ICD-9 that place them in the “mental disorders” category. Although EEOC’s interpretation of the Civil Rights Act of 1964 states that gender identity discrimination is discrimination based on one’s sex, and is consequently covered under the provisions of that law, no federal law “consistently” protects transgender persons as a specific category (HRC, 2013, para. 1).

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IV. COMPARATIVE PERSPECTIVES: AUSTRALIA, CANADA, WORLD HEALTH ORGANIZATION, AND AMERICAN PSYCHIATRIC ASSOCIATION

...policies can only be effective when there is an accurate understanding of the people to whom they will be applied.

—Adam F. Yerke and Valory Mitchell,
Transgender people in the military: Don't ask? Don't tell? Don't enlist!

Australia, Belgium, Canada, Czech Republic, Israel, the Netherlands, Spain, Sweden, Thailand, United Kingdom (Servicemembers Legal Defense Network, 2011a), and Uruguay (Human Rights Campaign, n.d.) allow transgender people to serve in the military (Yerke & Mitchell, 2013). A March 2014 report by the Palm Center adds three more countries to this list: Denmark, New Zealand, and Norway (Elders et al., 2014). These countries either have formal policies that accept transgenders or review transgender applications on a “case-by-case basis” for entry into the military (SLDN, 2011a; Yerke & Mitchell, 2013). The countries with policies that allow transgender people to serve openly include Australia, Israel, Spain, United Kingdom, Uruguay, Thailand (HRC, n.d.), and Canada (Servicemembers Legal Defense Network, 2011a). According to Yerkes and Mitchell (2013):

These militaries have had to gain an understanding about transgender people; policies can only be effective when there is an accurate understanding of the people to whom they will be applied. By utilizing their nation's resources for this purpose, these countries honor transgender people as citizens who are just as deserving as others, rather than treating them as second-class citizens, as they are usually considered in the United States. These countries' militaries benefit from including competent military personnel who are transgender, rather than excluding or expelling them. (p. 446)

American history provides many examples of tolerance and intolerance, inclusion and exclusion, and regard and disregard toward persons of one type or another who have struggled for acceptance as first-class citizens. Examples can be found in the struggles for equality and fairness for (and by) blacks, women, ethnic and religious minorities, the disabled, the young and old, and more recently, gays and lesbians. Although no two

societies or national cultures are alike, it can be both instructive and enlightening to examine the experiences of two countries similar to the United States that have permitted transgenders to serve openly in their military.

A. AUSTRALIAN DEFENCE FORCE (ADF)

Organisations that demonstrate respect for individuals by fostering a diverse and inclusive workplace have been shown to have higher levels of performance and morale and lower levels of absenteeism. These organisations create an environment of trust and openness, where people are more likely to be comfortable, to demonstrate their initiative and be more efficient and effective. (Australian Government Department of Defence, 2011, p. 3)

In 2010, the Australian Defence Force (ADF) lifted the ban on transgenders serving openly in the Australian military (Dennett, 2010). This ban was lifted 18 years after Australia lifted its ban on gays and lesbians and “two years after same-sex relationships for family entitlements” (Dennett, 2010). On November 10, 2011, the ADF published its new guidelines as an administrative management tool in a document entitled “Understanding Transitioning Gender in the Workplace” (Australian Government Department of Defence, 2011). Although described as a management tool, its approach is not cold and sterile. Rather, one could describe it as humanistic and centered on the interests of the individual (Australian Government Department of Defence, 2011).

Legally, the ADF “must comply with the *Australian Human Rights and Equal Opportunities Commission Act 1986*, *Privacy Service Act 1999*, and other Commonwealth, State and Territory anti-discrimination legislation” (Australian Government Department of Defence, 2011, p. 4). In addition, the Defence Instruction (General) Personnel (DI(G) PERS) 50-1—*Equity and Diversity in the Australian Defence Force and Departmental Personnel Instruction (DPI) 1/2001—Equity and Diversity in the Department of Defence* “requires that all Defence people should be treated with respect, fairness and without harassment” (Australian Government Department of Defence, 2011, p. 4). Therefore, the goal of the guidelines is to provide “commanders and managers,” no matter whether the personnel are civilian or military, with a “sensible and supportive approach” toward personnel “who intend to transition from one gender to the

other (Australian Government Department of Defence, 2011, p. 4). In this document, the ADF stresses that not all transition processes are alike; each person's experience with transition is different.

The ADF's guidelines approach transition as an inclusive event involving the immediate chain of command and the transgender member in transition. The guidelines employ six overarching concepts: understanding the five phases of the transition process; defining key terminology; the importance of communication and privacy; recognition of affirmed gender; the administrative process; and general information. The five phases of transition explain briefly the transition process from its start to gender reassignment using key terminology. This section begins by clarifying the difference between sex and gender, followed by an explanation that gender identity disorder is a medical condition and that transition is the process in which transgender individuals choose to affirm their true identity (Australian Government Department of Defense, 2010).

The Australian Defense Force emphasizes that "careful and sensitive management of the person's employment, workplace and, where relevant, domestic arrangements will be needed throughout the transitioning process" (Australian Government Department of Defence, 2011, p. 4). In addition, the guidelines list misconceptions and myths concerning transgenders, references to policy documents that provide further detail and guidance, and a list of additional resources and programs that support transgender people.

It is the view of the ADF that all of its members should expect to be treated equally in the workplace, without fear of discrimination or harassment, and treated with respect and fairness (Australian Government Department of Defence, 2011). According to the ADF, it is everyone's responsibility to ensure that this treatment happens, and that, if discrimination or harassment should occur, disciplinary action will result (Australian Government Department of Defence, 2011). As stated in the guidelines, "Discrimination or harassment of a person because they are transitioning gender is a form of unlawful discrimination. Such discrimination should be dealt with in the same way as any other unacceptable behavior" (Australian Government Department of Defence, 2011, p. 9).

B. CANADIAN FORCES (CF)

The unique management issues regarding transsexual individuals within the military requires that guidance be provided to assist Commanding Officers (CO) and leadership at all levels. The Canadian Forces (CF), as a national institution, is committed to ensuring that CF members who are transsexual are treated with dignity and respect. (Canadian Forces Military Personnel Instruction, 2011, p. 2)

Similar to the ADF, the Canadian Forces (CF) issued guidelines to aid its leaders in supporting transsexuals in their transition process. The CF's guidelines were established to "assist CF personnel and chains of command to understand to understand their obligations and responsibilities and to prevent discrimination and harassment because of gender identity differences" (Canadian Forces Military Personnel Instruction, 2011, p. 2). Dignity, equality, preventing discrimination, and providing guidance are key elements in CF MIL PERS INSTR 01/11. The policy statement reads:

The CF is: Promoting the dignity and equality of those whose gender identity does not conform to traditional social norms; Preventing discrimination and harassment based on gender identity through education and awareness; and Providing guidance regarding accommodation of the unique requirements of CF Transsexual members as they transition. (Canadian Forces Military Personnel Instruction, 2011, p. 2)

In 2012, Chief Military Personnel (CMP) issued the *Canadian Forces Military Personnel Instruction (CF MIL PERS INSTR) 01/11-Management of Canadian Transsexual Members*. Within this instruction, *Chapter 34 of the Military Human Resources Procedures (MHRRP)* is referenced. The MHRRP is a concise document that identifies key aspects of transition, such as terminology, privacy, dress and deportment, medals, and documentation. It is important to note that the documentation portion takes a two-phased approach (Canadian Forces Military Personnel Instruction, 2011).

The documentation section consists of a checklist of formatted documents that provides steps to the administrative process of transition for transsexuals with phase one entitled, "No Legal Documentation Available: Transsexual Transition Period," and phase two entitled, "Name and Gender Change: Legal Documents Obtained" (Canadian Forces Military Personnel Instruction, 2011, pp. 3–4). Name and gender on documentation

cannot be changed without legal documentation in both phases. Phase one allows the transsexual member to receive a temporary (expiring 12 months from receipt) official green passport that indicates the member is going through transition within the next 12 months (Canadian Forces Military Personnel Instruction, 2011, p. 2).

The main portion of the CF MIL PERS INSTR 01/11 contains informative guidance on terminology, background on gender identity disorder (GID) and transgender, accommodation during transition, and considerations for the needs of the member (Canadian Forces Military Personnel Instruction, 2011, pp. 2–5). It is important to note that this instruction also highlights instances in which the CF will not be able to accommodate the transsexual member. For example:

The CF shall accommodate the needs of CF transsexual members except where the accommodation would:

- constitute undue hardship; or

- cause the CF member, to not meet, or to not be capable of meeting, DAOD 5023-1, *Minimum Operational Standards Relating to University of Service*

Undue hardship is the limit to which the CF and service providers are expected to accommodate in a given situation, taking into consideration the following factors:

- realistic ability to meet the costs associated with the accommodations; and

- health and safety of the CF members and the public. (Canadian Forces Military Personnel Instruction, 2011, p. 5)

C. RENAMING AND RECLASSIFICATION OF GENDER IDENTITY DISORDER (GID)

In answering the question, “Is being transgender a mental disorder?” the American Psychological Association (2011b) states:

A psychological state is considered a mental disorder only if it causes significant distress or disability. Many transgender people do not experience their gender as distressing or disabling, which implies that identifying as transgender does not constitute a mental disorder. For these individuals, the significant problem is finding affordable resources, such

as counseling, hormone therapy, medical procedures, and the social support necessary to freely express their gender identity and minimize discrimination. Many other obstacles may lead to distress, including a lack of acceptance within society, direct or indirect experiences with discrimination, or assault. These experiences may lead many transgender people to suffer with anxiety, depression, or related disorders at higher rates than nontransgender persons. (p. 3)

Currently, the WHO's diagnostic manual, the International ICD-9, and the American Psychiatric Association's diagnostic manual, the DSM-5, classify gender identity disorder (abbreviated as GID), the diagnosis for being a transgender person, as a mental disorder. This classification has led to several controversies among mental health professionals and transgender advocacy groups, as well as within the LGBT community (Drescher et al., 2012). For example, "some groups have argued that it is wrong for psychiatrists and other mental health professionals to label variations of gender expression as symptoms of a mental disorder" (Drescher et al., 2012). As a result of this classification, and in conjunction with demands from the international community regarding human rights and transgender identity, the WHO and the American Psychiatric Association reevaluated the category and naming convention of the diagnosis, gender identity disorder.

D. WORLD HEALTH ORGANIZATION

The Working Group on the Classification of Sexual Disorders and Sexual Health (WGSDSH) was tasked with "reviewing and evaluating clinical and research data informing gender identity diagnoses since the publication of the ICD-10 in 1992" (Drescher et al., 2012, p. 568). The next publication, ICD-11, is expected in 2017. The WGSDSH, at the conclusion of its review and evaluation, recommended a name change from "gender identity disorder" to "gender incongruence," and strongly recommended that GID (or gender incongruence) be moved from the mental and behavioral disorders in ICD-11 (Drescher et al., 2012). The WGSDSH identified five possible placement options, listed in descending order of preference: entirely separate chapter; proposed new chapter on sexual health and sexual disorders; medical diagnosis; z codes; and removal

(Drescher et al., 2012). A few points must be mentioned regarding the WGSDSH recommendations that may not be obvious.

The placement of gender incongruence in a new chapter for sexual disorders and sexual health may “revert to mischaracterizing gender identity as a sexual issue as mentioned above in earlier versions of the ICD” (Drescher et al., 2012, p. 574). The WGSDSH emphasizes that it has been a 70-year struggle in separating gender from sexuality (Drescher et al., 2012, p. 574). Therefore, gender in any chapter title would have to delineate between sexuality and gender, and thus provide gender incongruence its own subsection (Drescher et al., 2012, p. 574).

Removal of gender incongruence (identity) from the ICD would entirely eliminate the stigma of having a mental disorder (Drescher et al., 2012). However, the removal would “prove to be a significant impediment for transgender people seeking access to medical treatment and is therefore not recommended” (Drescher et al., 2012, p. 575).

E. AMERICAN PSYCHIATRIC ASSOCIATION

In 2013, the American Psychiatric Association released the latest version of its diagnostic manual, the DSM-5. The aim of the DSM-5 is to “avoid stigma and ensure clinical care for individuals who see and feel themselves to be a different gender than their assigned gender” (American Psychiatric Association, 2013a, p. 1). In the DSM-5, the diagnosis of gender identity disorder was replaced with gender dysphoria (Drescher et al., 2012). Gender dysphoria is the “presence of clinically significant distress associated with the condition” (Drescher et al., 2012, p. 1).

In the DSM-5, gender dysphoria is separated from sexual dysfunctions and paraphilia disorders and has its own chapter (American Psychiatric Association, 2013b, p. 1). According to the American Psychiatric Association, for people to be diagnosed with gender dysphoria, they must meet the following criteria:

- there must be a marked difference between the individual’s expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months

—strong desires to be treated as the other gender or to be rid of one’s sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender. (p. 14)

F. SUMMARY

A number of countries, including Australia and Canada, allow transgenders to serve in their military based on the premise that exclusion would be a human rights violation. Australia and Canada have published guidelines that focus on tolerance and understanding. Further, medical organizations, such as WHO and the American Psychiatric Association, have re-evaluated the categorization of gender identity disorder, recognizing that the previous practice of diagnosing gender identity as a mental disorder stigmatizes the transgender community and promotes prejudice.

V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER RESEARCH

No federal law states that transgenders may not serve in the U.S. military (HRC, n.d). However, transgenders are denied entry into the U.S. military if identified as such or if they openly admit to being transsexual (Yerke & Mitchell, 2013; Harrison-Quintana & Herman, 2013; Witten, 2007). At the same time, transgenders currently serving in the U.S. military are unable to do so openly without the constant threat of being discharged from military service (Yerke & Mitchell, 2013; Witten, 2007). Why are transgenders treated this way? Largely because DOD Instruction 6130.03, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services,” describes them as having a psychosexual disorder (mental disorder) and excludes them for having a “history of major abnormalities or defects of the genitalia. . . .” (DOD, 2011, p. 27).

The pending release of WHO’s “International Classification of Diseases (ICD) 11” (ICD-11) may ultimately force DOD to remove “transsexualism” as a mental disorder from the “Learning, Psychiatric and Behavioral” section of its instruction. The expectation is that ICD-11 will not classify transgender as a mental disorder (Drescher et al., 2012). Being transgender does not automatically correlate to having a mental disorder or psychological problems. Due to this false perception, stigmatization, and discrimination, and in conjunction with preponderant views by mental health professionals against classifying transgender as a mental disorder, the European Union, the Council of Europe Commissioner for Human Rights, and transgender advocacy groups, WHO is re-evaluating its classification of transgender and transsexual (Drescher et al., 2012). Further, the WGSDSH, in “evaluating clinical and research data to inform the revision of diagnostic categories related to sexuality and gender identity,” recommends removing transgender (transsexual) from the mental and behavioral disorders chapter and making it a medical condition (Drescher et al., 2012, p. 568).

A. SUMMARY

It is estimated that 15,450 transgenders are currently serving in the U.S. military (Elders et al., 2014). Some may find this number surprisingly high, given that DOD directives and medical policy do not allow transgenders to serve in the military. Meanwhile, changes in how transgender is classified in WHO's ICD and in the American Psychiatric Association's DSM may result in corresponding changes to current U.S. military directives and policy.

1. Definitions of Terms and Shifting Perspectives

The literature review provides definitions of terms along with a discussion of the transgender phenomena and shifting perspectives by the medical community. A basic understanding of the terminology helps to clarify what a transgender person is and is not. Chapter II addresses several key concepts: a person's defining gender, sex, and sexual identity, the so-called umbrella term, transgender, and the various other terms associated with it, the historical evolution of transgender, changes in the medical classification of gender, and research themes and recent findings in scientific literature.

2. Defining Gender, Sex, and Sexual Identity

Understanding the term transgender requires clarifying the distinctly different meanings between sex and gender. The term sexual identity is often misunderstood, while terms such as sex and gender are often misunderstood and used interchangeably (Stryker, 2008). Distinctions should be drawn between these terms, in understanding that sex refers to "the biological and physiological characteristics that define men and women" (WHO, n.d.a., para. 2) and that gender refers to "socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women" (WHO, n.d.b.). Further, sexual identity is multifaceted and comprised of biological sex, gender identity, social-sex-role, and sexual orientation.

3. Umbrella Term: The "T" in LGBT

Transgender is an umbrella term. Various identities are associated with this term, such as transsexual, transsexual male-to-female, transsexual female-to-male, transvestite,

cross dresser, drag queens, and genderqueer. Many identities exist within the transgender community. Understanding the variations of these identities is considered important to understanding and acknowledging persons in the transgender community in an accurate and respectful manner.

4. The Historical Evolution of the Transgender Phenomena

Until about the mid-20th century, “transgender presentations” were, “with rare exception,” classified as psychopathological (Drescher et al., 2012). Psychopathological refers to the study of mental illness, mental distress, or behaviors and experiences that indicate mental illness (Science Daily, n.d.). In 1886, Krafft-Ebbing began documenting cases of persons who desired to live their lives as members of the opposite sex (Drescher et al., 2012). He also documented those that actually lived their lives as members of the opposite sex (Drescher et al., 2012). In 1920, the first sex reassignment surgeries (SRSs) were performed in Europe: a mastectomy, a penectomy, and a vaginoplasty. It was not until 1952 that the first transsexual American woman, Christine Jorgensen, would be reported in the media, although her surgery was performed in Denmark (Drescher et al., 2012). Jorgensen served in the U.S. Army as a draftee prior to her transition. Sexual reassignment surgery would be stigmatized until the 21st century (WPATH, 2011).

5. Shifts in Transgender Medical Classification

The ICD and the DSM are diagnostic manuals used to classify and diagnose transsexualism. The ICD is the “standard diagnostic tool for epidemiology, health management and clinical purposes. This includes analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems” (WHO, n.d.b., para. 1). The DSM is the “standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems)” (American Psychiatric Association, n.d., para. 4). Both the ICD and DSM have shifted the diagnosis name regarding transgenderism (gender identity); from transvestitism to transsexualism to gender identity disorder (Drescher et

al., 2012). Parent categories for these diagnoses also shifted: in the ICD, from sexual deviations to gender identity disorder; and, in the DSM, from sexual deviations to psychosexual disorders, and sexual and gender identity disorders to gender dysphoria.

6. Research Themes and Findings in the Scientific Literature

In 2013, the Palm Center commissioned several studies pertaining to “transgender specific military issues” (Wong, 2013, p. 1): cost and complexity of care; discrimination, and readiness; foreign militaries and transgender service; institutional privacy accommodations; organizational effectiveness and transgender inclusions; physical standards and transgender service; privacy in the U.S. military; transgender medical accommodation; uniform regulations; and U.S. military accommodations of serious medical conditions.

Research conducted by the National Center for Transgender Equality found in the “Transgender Discrimination Survey”: 20% of admitted transgenders claimed to have present or previous military service, 55% of respondents indicated that they live full-time as a transgender, and 27% of respondents indicated that, even though they are currently not living full time in their desired gender, they desire to do so at some point (Grant et al., 2011).

7. Military Policies and Medical Restrictions

The U.S. military, throughout its existence, has been subject to the demands of equality and equal treatment, often in direct opposition to its policies of exclusion. Chapter III addresses U.S. military policies and medical restrictions by discussing the following: history and trends in policies and practice; medical standards; the “International Classification of Disease, ninth revision,” clinical modification; and military service and civilian employment.

8. History and Trends in Policies and Practices

DADT policy and its repeal addressed issues related to sexual orientation and not gender identity (Kerrigan, 2012). From the early 20th century to the complete removal of DADT in September 2011, military policies affected only the lesbian, gay, and bisexual

community, not the transgender community, at least not directly. The Articles of War of 1916, during World War I, was the first document to address homosexuality (Embser-Herbert, 2007). Restrictions regarding lesbians in the military did not appear until the latter part of World War II, when the roles of women in military service increased (Embser-Herbert, 2007). Due to inconsistencies enacted under the 1959 version of DOD Directive 1332.14 for administrative separations, as well as in later revisions regarding discharges due to homosexuality, DOD Directive 1332.14 formally declared that homosexuality was “incompatible with military service” (Embser-Herbert, 2007). This directive was eventually modified into what came to be known as DADT in December 1993 (Embser-Herbert, 2007).

9. Medical Standards

DOD Instruction (DODI) 6130.03, entitled “Medical Standards for Appointment, Enlistment, or Induction in the Military Service,” is used to “establish policy, assign responsibilities, and prescribe procedures for physical and medical standards for appointment, enlistment, or induction in the Military Services. . . . [and] medical standards, which, if not met, are grounds for rejection for military service. Other standards may be prescribed for a mobilization for a national emergency” (DOD, 2011, p. 1). Three sections within the DODI exclude transgenders from military service:

–Sections fourteen and fifteen concern the altering of female and male genitalia. Specifically, in section fifteen regarding male genitalia, it states a “history of penis amputation.” (DOD, 2011)

–Section fifteen states that a “history of major abnormalities or defects of the genitalia, such as change of sex, hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis” as disqualifiers for service in the military. (DOD, 2011, p. 25)

–Section twenty-nine denies entry of transsexuals under the category of psychosexual conditions; “current or history of psychosexual conditions, including but not limited to transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias.” (DOD, 2011, p. 48)

10. International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM)

DODI 6130.03 uses ICD-9-CM as a reference to categorize diseases that exclude persons from active duty service (DOD, 2011). The ICD-9-CM is based on the ICD-9 (MediLexicon, n.d.). In the ICD-9 and ICD-10 versions, transsexualism is classified under mental disorders (ICD-10, 1990). The ICD-11 revision is expected to be released in 2017 (WHO, n.d.a., para. 3).

11. Military and Civil Service Employment

Transgender individuals are currently excluded from active duty service in the U.S. military; however, they are not excluded from employment as civilians in the federal government, as presently applied and interpreted in Title VII of the Civil Rights Act of 1964 (U.S. EEOC, n.d., para. 1). The Civil Service Reform Act of 1978 (CSRA) also prevents gender identity discrimination of civil service employees.

12. Australian Defence Force (ADF) Policies and Practice

The ADF lifted its ban on transgenders serving openly in 2010 (Dennett, 2010). As a result, the ADF published guidelines, “Understanding Transitioning Gender in the Workplace,” to be used as an administrative management tool (Australian Government Department of Defense, 2011). These guidelines address the following: the five phases of the transition process; key terminology; the importance of communication and privacy; recognition of affirmed gender; the administrative process; and general information.

13. Canadian Forces (CF) Policies and Practice

Chief Military Personnel (CMP), in 2012, issued the *Canadian Forces Military Personnel Instruction (CF MIL PERS INSTR) 01/11-Management of Canadian Transsexual Members*. Similar to the guidelines published by the ADF, the CF guidelines are intended to “assist CF personnel and chains of command to understand their obligations and responsibilities and to prevent discrimination and harassment because of gender identity differences” (Canadian Forces Military Personnel Instruction, 2011, p. 2). The key elements of this instruction are dignity, equality, prevent discrimination, and

provide guidance. The main body of the document contains guidance on terminology, background information on gender identity and transgender, accommodations during transition, and considerations for the needs of the service member.

14. Renaming and Reclassification of Gender Identity Disorder (GID)

The initial classification of gender identity disorder as a mental disorder became highly controversial among mental health professionals, the European Union, the Council of Europe Commissioner for Human Rights, and transgender advocacy groups (Drescher et al., 2012). As a result, the American Psychiatric Association's publication of the DSM 5 no longer classifies gender identity as a mental disorder (Elders et al., 2014). The WHO's publication of ICD-11, due in 2017, is expected to follow the American Psychiatric Association's decision to remove gender identity from the mental disorder category (Drescher et al., 2012).

15. World Health Organization (WHO)

WHO's Working Group on the Classification of Sexual Disorders and Sexual Health (WGSDSH) was tasked with "reviewing and evaluating clinical and research data informing gender identity diagnoses since the publication of the ICD-10 in 1992" (Drescher et al., 2012, p. 568). The WGSDSH presented several recommendations for the ICD-11. The two main recommendations were a diagnosis change from gender identity disorder to gender incongruence (GI) and the removal of gender incongruence from the mental disorder classification (Drescher et al., 2012).

16. American Psychiatric Association

The American Psychiatric Association's latest revision of the DSM 5 aimed to "avoid stigma and ensure clinical care for individuals who see and feel themselves to be a different gender than their assigned gender" (American Psychiatric Association, 2013a, p. 1). As a result, the current revision renames and reclassifies gender identity disorder to gender dysphoria and removes it from the mental disorders category (Drescher et al., 2012; Elders et al., 2014).

B. CONCLUSIONS

The present study was designed as exploratory, seeking to define key concepts and trends, while further hoping to inform and encourage future research. The answers to most research questions established at the start of the study are addressed above. Additionally, two larger conclusions are drawn from the research.

- Transgender is no longer viewed as a mental disorder in authoritative sources

The current DOD Instruction (DODI) 6130.03 places transsexualism in the “Learning, Psychiatric, and Behavioral Section” and labels it as a psychosexual disorder. According to Elders, Steinman, Brown, Coleman and Kolditz (2014) “...arguments based on mental health are not convincing rationales for prohibiting transgender military service, and DODI 6130.03 is not consistent with modern medical understanding. Indeed, scientists have abandoned psychopathological understandings of transgender identity, and no longer classify gender non-conformity as a mental illness” (p. 9). The revision of WHO’s ICD-10, the 2017 publication of the ICD-11, was initiated at the urging of mental health professionals, the European Union, the Council of Europe Commissioner for Human Rights, and transgender advocacy groups to cease classifying the diagnosis as a mental disorder (psychosexual). The DODI 6130.03 references the ICD-9, and a dated version of the ICD-10, both of which classify transgender as a mental disorder. It is expected that the ICD-11 will revise this classification. As the WGSDSH (as quoted in Drescher et al., 2012) states:

The diagnostic classifications of disorders related to (trans)gender identity is an area long characterized by lack of knowledge, misconceptions and controversy. The placement of these of these categories has shifted over time within both the ICD and the APA’s [American Psychiatric Association’s] *Diagnostic and Statistical Manual (DSM)*, reflecting developing views about what to call these diagnoses, what they mean and where to place them.

The combined stigmatization of being transgender and of having a mental disorder diagnosis creates a doubly burdensome situation for this group, which may contribute adversely to health status and to the attainment and enjoyment of human rights. (p. 568)

- The transgender conditions enumerated in DODI 6130.03 do not justify an exclusionary policy

DODI 6130.03 (in the section cited above) singles out transgenders and lists procedures, abnormalities, or defects that would limit or prevent a transgender person from performing his or her military duties. In stark contrast, the militaries of Australia and Canada—two close allies that allowed homosexuals to serve openly well before the United States—allow transgenders to serve openly regardless of the conditions or reasons specified in the DOD instruction. Indeed, Australia and Canada promote an environment of tolerance, acceptance, and understanding in official guidelines for their military members and leaders. Australia and Canada based their decision allowing transgenders to serve openly upon the principle that doing otherwise would be a violation of human rights.

On July 26, 1948, President Harry Truman signed Executive Order 9981 (1948), declaring equality of treatment in the U.S. military without regard for race, color, religion, or national origin. It took just over six years to abolish the last all-black unit, but the U.S. military was well ahead of the nation as a whole in eliminating racial segregation and fostering an environment that treats people fairly. As the Executive Order states succinctly in its preamble: “WHEREAS it is essential that there be maintained in the armed services of the United States the highest standards of democracy, with equality of treatment and opportunity for all those who serve in our country's defense” (p. 1). Transgender people have served, and continue to serve, in the U.S. military. Are they entitled to “equality of treatment and opportunity”?

C. RECOMMENDATIONS FOR FURTHER RESEARCH

- Examine entry standards for transgenders

As previously observed, the U.S. military’s entry standards currently exclude transgenders from serving openly. A study could compile information regarding the medical standards of care for transgender people, whether they have transitioned or not, analyze them against the operational responsibilities and readiness of the military, and determine if more appropriate parameters and entry standards should be established.

This information would be important for recruiting, medical support, and operational readiness. The World Professional Association for Transgender Health (WPATH) has established standards of care (SOC) for the health of transsexual, transgender, and gender-nonconforming people. The purpose of the SOC is to “provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment” (Coleman et al., 2011, p. 165).

In addition, although organizational, sociocultural, and other environmental factors differ from one nation’s military to another, it would be helpful to review and compare the standards of entry used by foreign militaries that allow transgenders to serve openly. Canada and Australia offer two such examples and are discussed briefly in the present study. According to Elders et al. (2014), “at least 12 countries including Australia, Belgium, Canada, the Czech Republic, Denmark, Israel, the Netherlands, New Zealand, Norway, Spain, Sweden, and the United Kingdom allow transgender personnel to serve; foreign military regulations that apply to transgender military service are straightforward and sensible, offering a sound model for U.S. military policy” (pp. 21–22).

- Collect statistical data on transgenders in the U.S. military, transgenders in veteran status, and transgender civilians who have applied for entry into the military

Many important research questions are not addressed in previous studies. Since transgenders now serving in the U.S. military cannot self-report their status without the fear of being discharged, there is no feasible method to poll, track, or otherwise gauge the actual number of transgender personnel to better understand their needs as a community or their impact on the force. For the U.S. military, a good source of information could be found among its veterans. By quantifying the population of transgender veterans, one could estimate the number of transgender personnel presently serving, track changes over time, as well as forecast the propensity of transgenders to join the military. In addition, studying the needs of the transgender veteran population could provide insight into understanding various issues related to transgenders currently serving in silence on active

duty. Compiling data on services sought by transgender veterans, as well as administering a survey pertaining to desired medical care not available through the Department of Veterans Affairs (VA) but requested by transgender veterans, could provide the U.S. military with tangible information to address the needs of this community within the ranks.

- Study the inconsistencies in policies and programs for veterans.

Currently, the VA treats transgender veterans for a variety of issues that may or may not be related to being transgender. Bryant and Schilt (2008), in “Transgender People in the U.S. Military: Summary and Analysis of the 2008 Transgender American Veterans Association Survey,” discuss the inconsistencies in VA policies and the inability of VA employees to verify the accuracy of those policies for transgender patients seeking transition care. They also report cases of transgender veterans being denied medical care for procedures considered “necessary for their birth gender” (p. 8). About 10% of survey respondents reported that they were denied care because they identified as transgender (Bryant & Schilt, 2008). Bryant and Schilt (2008) state:

Generally, these individuals sought hormone therapy, genital surgery, and—for transmen—chest reconstruction surgery (double mastectomy) and hysterectomies. The majority reported having these requests denied. Most veterans reported being told simply “no.” A few doctors and staff members cited VA policy. As one respondent noted, “[*I was told*] federal legislation forbids the VA from performing SRS (*sex reassignment surgery*).” Only two people had a specific policy section quoted to them to back up the doctors’ claims. Showing the lack of formal policy, other respondents received different messages from different doctors. “[*I’ve gotten mixed responses. One doctor told me it has been done in the past. Most tell me it isn’t allowed. One cursed me.*” Several responses also noted stigmatizing responses to their questions. “[*I was told*] the VA does not turn men into women.”

Few respondents reported being turned down for procedures that are considered medically necessary for their birth gender: pap smears for female-bodied people and prostate exams for male-bodied. Veterans were much more likely to be denied surgeries related to GID, such as hysterectomies, mastectomies, and orchiectomies.

Respondents reported organizational discrimination in a lack of clear and consistent practice, and little support for gender transitions. In addition,

there were many reports of interpersonal discrimination, via lack of respect from VA doctors (22%), non-medical staff (21%), and nurses (13%). These cases of interpersonal discrimination ranged from what many veterans describe as “typical”—refusing to change to gender-appropriate pronouns, failure to use a new name consistently—to the extreme—refusing to look at transgender patients, referring to them in dismissive ways, refusing to treat them for general medical care. One FTM respondent noted, *“I was told by a religious clerk that I should just go away because I was an insult to the brave real men who were there for treatment.”* Another MTF respondent noted, *“I am asked about my genitals and my plans for SRS regardless of whether or not it has relevance to my treatment.”* Other transgender veterans reported having their medical privacy violated by VA doctors and nurses. In many of these cases, doctors and nurses violated the Hippocratic Oath—do no harm—by singling out and stigmatizing their transgender patients. Illustrating this, one MTF respondent recounted the following experience: *“A nurse pulled my partner out in the hall of the VA Hospital where I was an in-patient [and said], ‘You know that is really a man, don’t you?’”* While these are just a few examples, they clearly show the discriminatory experiences transgender veterans are facing in VA hospitals discrimination based on their non-traditional gender identities. (pp. 8–9)

On February 8, 2013, the VA, Veterans Health Administration (VHA) issued VHA Directive 2013-003, titled “Providing Health Care for Transgender and Intersex Veterans.” This directive addresses the issues mentioned above regarding discrimination and denial of care for transgender veterans in the form of policy. However, it does not provide statistical information regarding improvement of care. Further investigative research is needed to determine if the directive had any impact on the care and customer service provided to transgender veterans across all VA care facilities.

- Establish a team of subject matter experts

Developing and implementing a transgender policy across the military services would be challenging. Establishing a team of experts to study and specify military requirements and the needs of transgender personnel would be instrumental in creating a transgender policy. This team would need to include persons with authoritative knowledge from the civilian, military, and transgender communities. Further research should be conducted to identify key individuals who could assist in developing policies related to medical care, housing, uniform regulations, administrative changes of name and gender, physical fitness testing, and recruiting.

APPENDIX. DEFINITION OF TERMS

Exhibitionism

“A recurrent or persistent tendency to expose the genitalia to strangers (usually of the opposite sex) or to people in public places, without inviting or intending closer contact. There is usually, but not invariably, sexual excitement at the time of the exposure and the act is commonly followed by masturbation.” (WHO, 2010)

Fetishism

“Reliance on some non-living object as a stimulus for sexual arousal and sexual gratification. Many fetishes are extensions of the human body, such as articles of clothing or footwear. Other common examples are characterized by some particular texture, such as rubber, plastic or leather. Fetish objects vary in their importance to the individual. In some cases, they simply serve to enhance sexual excitement achieved in ordinary ways (e.g., having the partner wear a particular garment).” (WHO, 2010)

Gender identity disorder of childhood

“A disorder, usually first manifest during early childhood (and always well before puberty), characterized by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. There is a persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. The diagnosis requires a profound disturbance of the normal gender identity; mere tom boyishness in girls or girlish behaviour in boys is not sufficient. Gender identity disorders in individuals who have reached or are entering puberty should not be classified here but in F66 (Psychological and behavioural disorders associated with sexual development and orientation).” (WHO, 2010)

Gondal dygenesis, also called Turner Syndrome

“Relatively uncommon sex-chromosome disorder that causes aberrant sexual development in human females. Turner syndrome occurs when one sex chromosome is deleted, so that instead of the normal 46 chromosomes, of which two are sex

chromosomes (XX in females and XY in males), the chromosomal complement is 45,X. In genetic terms, these patients are neither male nor female because the second, sex-determining chromosome is absent. However, phenotypically, affected individuals develop as females because there is no Y chromosome to direct the fetal gonads to the male configuration.” (Encyclopaedia Britannica, 2014)

Hermaphroditism

“The condition of having both male and female reproductive organs.” (Encyclopaedia Britannica, 2014)

Paraphilias, or sexual deviations

“Unusual fantasies, urges, or behaviours, that are recurrent and sexually arousing. These urges must occur for at least six months and cause distress to the individual in order to be classified as a paraphilia.” (Encyclopaedia Britannica, 2014)

Pseudohermaphroditism

“A condition in which the individual has a single chromosomal and gonadal sex but combines features of both sexes in the external genitalia, causing doubt as to the true sex.” (Encyclopaedia Britannica, 2014)

Transsexualism

“A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.” (WHO, 2010)

Voyeurism

“A recurrent or persistent tendency to look at people engaging in sexual or intimate behaviour, such as undressing. This is carried out without the observed people being aware, and usually leads to sexual excitement and masturbation.” (WHO, 2010)

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